

State Corporation Commission, Bureau of Insurance
Agent Licensing Section
P. O. Box 1157, Richmond, VA 23218
SERVICE REQUEST FORM

Name (Individual or Agency)	SS# or VA DMV-Assigned # or FEIN
Mailing Address (Street or P.O. Box)	
City State Zip	

Please check the boxes for the services you are requesting (may be more than one):

- | | |
|--|--|
| <input type="checkbox"/> Change of Residence Address and/or Phone Number | <input type="checkbox"/> Request Letter(s) of Clearance |
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Request Letter(s) of Certification |
| <input type="checkbox"/> Correct SSN or FEIN | <input type="checkbox"/> Notification of Change of Trade Name(s) |
| <input type="checkbox"/> Change of Business Address and/or Phone Number | |

NOTE: THE LICENSEE MUST SIGN AT THE END OF THIS FORM WHERE SHOWN

☐ **CHANGE OF RESIDENCE ADDRESS AND/OR PHONE NUMBER**

Note: Nonresident licensees moving to a new state of residency must attach an original home state certification not more than 90 days old.

PRIOR ADDRESS	NEW ADDRESS
Street Address*	Street Address*
P.O. Box	P.O. Box
City State Zip	City State Zip
Phone	Phone

* indicates a required field

☐ **CHANGE OF NAME**

Note: If name change is the result of marriage, attach copy of marriage certificate.

If name change is the result of divorce, attach copy of divorce decree.

If name change is the result of a court order, attach a copy of the certificate from the Clerk of the Court, Bureau of Vital Statistics, or other official document indicating a formal name change.

Name as currently in our records (Last, First, Middle)	New Name to appear in our records (Last, First, Middle)
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☐ **CORRECT AGENT SSN OR AGENCY FEIN TO:**

Note: Please call the Bureau of Insurance at 804-371-9631 for information regarding documentation needed to change your ID Number.

Correct SSN or FEIN

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☐ **CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER**

PRIOR ADDRESS	NEW ADDRESS
Business Name	Business Name
Street Address	Street Address
P.O. Box	P.O. Box
City State Zip	City State Zip
Phone Number	Phone Number

UPON RECEIVING A SERVICE REQUEST FORM REGARDING A CHANGE OF ADDRESS OR TRADE NAME NOTIFICATION, THE BUREAU OF INSURANCE WILL UPDATE OUR SYSTEM AND GENERATE AN ACKNOWLEDGEMENT LETTER THAT WILL REFLECT YOUR NEW RESIDENT ADDRESS OR TRADE NAME. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT LETTER WITHIN 30 DAYS OF SUBMITTING YOUR CHANGE OF ADDRESS OR TRADE NAME NOTIFICATION, YOU SHOULD CONTACT THE BUREAU OF INSURANCE AGAIN.

☐ **REQUEST LETTER(S) OF CLEARANCE** (Please provide new residence address.)

I have moved from Virginia to the State of _____
Please cancel all my existing Virginia resident insurance licenses and send me a Letter of Clearance.

☐ **REQUEST LETTER(S) OF CERTIFICATION**

Because Virginia licenses are perpetual, rather than renewable, a duplicate license does not provide current information as to the agent's status or standing. A better means of providing proof of current status is to obtain a Letter of Certification issued by the Bureau. This letter shows the agent's current name, residence address, licenses held and the date of issue for each, and the agent's current continuing education compliance status, if applicable.

Note: You must enclose a mailing label or self-addressed envelope of sufficient size to hold the material requested.

How many copies?

☐ **NOTIFICATION OR CHANGE OF TRADE NAME(S)**

_____ Signature of Licensee or Officer/Principal of Agency	_____ Date
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